PATENT APPLICATION FEE DETERMINATION RECO						Application or Docket Number				ber			
	PATENT		N FEE DI			ON RECO	ORE)	1	4/0	45	36	5
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMAL TYPE		MILLY .	OR	OTHER SMALL I			
TOTAL CLAIMS							RATE FEE		FEE	1	RATE	FEI	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	3 85.00	OR	BASIC FEE	770.0
TOTAL CHARGEABLE CLAIMS			min	us 20=	•			XS 9=		·	OR	X\$18=	
INC	EPENDENT CL	AIMS	minus 3 =				X4:	3'=		OR	X86=		
MU	LTIPLE DEPEN	IDENT CLAIM PF	RESENT				+14	 5=		OR	+290=		
- 11	the difference	in column 1 is	ess than ze	ro, enter	-0- in c	column 2		TOI	AL		OR	TOTAL	
5-	23-05°	LAIMS AS A	MENDED	PAR'		(Column 3		SMA	NLL	ENTITY	OR	OTHER SMALL	
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RA	ΓE	ADDI- TIONAL FEE		RATE	ADE TION FEI
AMENDMENT	Total	. 18	Minus	1	9	=]	xs	9=		OR	X\$18=	
MEN	Independent	. 3	Minus	***	3	5		X4:	3=		OR	X86=	
Ľ	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		j	+14	s_		OR	+290=	
	1 ./								OTAL			TOTAL	-
1	0/14/0	(Column 1)		(Colui	mn 2)	(Column 3	13	ADDIT.	FEE	L	.	ADDIT. FEE	 _
AMENDMENT B	11/	CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUM PREVIO	IEST IBER OUSLY	PRESENT EXTRA	1	RA	ΓE	ADDI- TIONAL FEE	·	RATE	ADE TION FE
PAG	Total	. 25	Minus	20	ĵ	=		xs	—- €=		OR	X\$18=	
ME	Independent	. 4	Minus	***	3	= /		X4:		1	OR	X86=	
<u>'</u>	FIRST PRESE	NTATION OF MIL	JLTIPLE DEF	ENDENT	CLAIM			-14	5=		OR	+290=	· .
•	•	•						ADDIT.	OTAL FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)	<u> </u>	(Colu	mn 2)	(Column 3	31						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREV	BER	PRESENT EXTRA		RAT	ſΈ	ADDI- TIONAL FEE		RATE	ADI TION FE
NDN	Total	•	Minus	**		=		xs	9≈		OR	X\$18=	
AME	Independent	•	Minus	***		:		X4:	}=		OR	X86=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					L					+290=		
		mn 1 is less than th						+14)TAL		OR	TOTAL	
•••	If the "Highest Nu	mber Previously Pa mber Previously Pa ther Previously Pai	id For IN TH	S SPACE	is less th	an 3. enter "3."	•	ADDIT.	FEE	ovooviate by	•	ADDIT. FEE	



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Bashiri et al.

Serial No.: unknown

Examiner: unknown

Filing Date: October 19, 2001

Group Art Unit: unknown

For: EMBOLUS EXTRACTOR

Docket No.: 1001.1504101

TRANSMITTAL SHEET

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express

The Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

	Mail Post Office to Addressee" having an Express Mail mailing label number of: EL811924391US, in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 2023; on this 19th, day of October, 2001. By Lisa A. Dahline
We are	e transmitting herewith the attached Patent Application including the following:
[X]	10 sheet(s) of specification.
[X]	29 claim(s).
[X]	_1_ sheet(s) of Abstract.
[X]	8 sheet(s) of informal drawings.
(X)	Executed Declaration and Power of Attorney.
[]	A verified statement(s) to establish small entity status under 37 C.F.R. 1.9 and/or 1.27 is enclosed.
[X]	An Assignment of the invention to <u>SciMed Life Systems, Inc.</u> is being filed contemporaneous with this patent application.
[]	A certified copy of a application, serial no, filed, 19_, the right of priority of which is claimed under 35 U.S.C. 119.



CLAIMS AS FILED							
	(1)	(2)	SMALL ENTITY		OTHER		
FOR:	# FILED	# EXTRA	Rate	Fee	Rate	Fee	
BASIC FEE				\$370		\$740	
TOTAL CLAIMS	29 -20 =	9	x9=	\$	x18=	\$162	
INDEPENDENT CLAIMS	3-3 =		x42=	\$	x84=	\$0	
() MULTIPLE DEPENDENT CLAIM PRESENTED			+140=	\$	+280=	\$0	
TOTAL			\$		\$902.00		

*If the difference in Column	(1) is less than zero,	enter "0" in Column 2.
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[]	Other
(X]	A check in the amount of \$ 902.00 is enclosed.
[X]	Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposi Account No. 50-0413. By:
	Glann M. Seager Reg. No. 36 076

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